# Newington Parks & Recreation ~ Building a Strong Community ~

## CAMP RECREATE 2016

(Formerly Summer Playgrounds)

June 20<sup>th</sup> to August 5<sup>th</sup> - 7:30 a.m. to 5:30 p.m. Open to children who reside in Newington and are entering Grades 2 through 8 in the fall.





## All campers will receive a T-shirt!!



#### OUR PROGRAM

is a great opportunity to meet new friends, develop respect, build self-esteem, and participate in activities in a safe and friendly atmosphere.

#### Approximate Ratios are:

- Grades 1 & 2 1 to 12
- Grades 3 & 4 1 to 15
- Grades 5, 6 & 7 1 to 18

## NEW EXTENDED HOURS!

#### REGISTRATION INFORMATION

**ELIGIBILITY:** Camp RECreate (formerly our Summer Playground program)

is open to children who are Newington residents or attend Newington

public schools and are entering grades 2 through 8 in the fall. Students who are non-residents and are attending other (non-public) Newington schools and are entering grades 2 through 8 in the fall may

enroll in Camp RECreate for an additional \$25 fee per week.

Monday through Friday, June 20<sup>th</sup> through August 5<sup>th</sup>. DATES:

There is no program on Monday, July 4<sup>th</sup>.

TIME: Monday through Friday, 7:30 a.m. until 5:30 p.m.

PAYMENT: Payment is due at time of registration. Payment in the form

of cash, check or credit card is accepted. Register by June 1st for additional savings! You must enroll in all seven (7) weeks at the time of initial registration to take advantage of the multiple-week discount.

### **CAMP SITES**

#### CHILDREN ENTERING GRADES 2 & 3 IN THE FALL:

All students attend the Mortensen Community Center site

#### **CHILDREN ENTERING GRADES 4 & 5 IN THE FALL:**

All students attend the John Paterson site

#### CHILDREN ENTERING GRADES 6, 7 & 8 IN THE FALL:

All students attend the John Wallace site

#### CONTACT INFORMATION

Newington Parks & Recreation, 131 Cedar Street, Newington, CT 06111 Monday through Friday, 8:30 a.m. until 4:30 p.m.

Phone: 860-665-8666 Fax: 860-665-8739 Web: www.newingtonct.gov Summer Pool and Camp Hotline: 860-665-8766

Register by mail, fax or in person

# CAMP RECREATE 2016

# Here are answers to many of the questions you may have about our program:

## MEDICATIONS / ALLERGIES AND / OR SPECIAL NEEDS

If your child has any food allergies, medical concerns or special needs, the following forms must be completed and submitted to the Parks & Recreation office at the time of registration. Registration Forms will not be accepted without required supplemental forms:

- Medication Administration Policy / Authorization to Assist Program Participants in Self-Medication (must be signed by child's physician)
- Allergy Action Plan (must be signed by child's physician)
- Supplemental Registration Information for Participants with Allergies, Special Needs and/or Disabilities

All forms are available at www.newingtonct.gov/parksandrec.

Please note that our staff is not authorized to dispense medications of any kind.

#### **BEHAVIOR EXPECTATIONS**

Participants whose behavior interferes with a positive experience for other children may be subject to dismissal. The discipline procedure is as follows:

Stage One: Discussion with parent/guardian regarding behavior. Report is written up.

Stage Two: Child will be sent home for the remainder of the day and will be suspended from the program the following day.

Stage Three: The child will be sent home for the remainder of the day and suspended for one week's time. A referral to the Newington Human Services Department may be made.

Stage Four: Dismissal from the program.

The Parks & Recreation Department may use discretion in the disciplinary process.

#### ARRIVAL AND DISMISSAL

Children should be dropped off in the designated area at their site at 7:30 a.m. (no earlier please) and picked up by 5:30 p.m. PLEASE BE PROMPT. A child cannot leave the program early for any reason on a bike or walking unless written permission is granted from the parent or guardian. Children are not allowed to bring guests to the program.

#### SIGN IN / SIGN OUT

You will be asked to sign your child in and out daily. Please have a photo ID ready to ensure a quick and easy signout. Take the time to meet and talk to your child's counselor. A child cannot be released to anyone other than those listed on the Registration Form. Any changes must be made in person by the registering parent or guardian (with proper identification) in the Parks & Recreation office.

#### WHAT TO BRING

All participants should bring a water bottle, bathing suit, towel, sunscreen, hat, lunch, ice pack and a snack every day. Be sure to label all of your child's belongings. We are not responsible for lost or stolen items. For safety reasons, all bags are subject to search. Participants will be required to apply sunscreen without assistance from staff.

#### LUNCH

You must provide your child's lunch and a daily snack. Please include an ice pack, napkin and any needed utensils. There is no refrigeration available. Also, please send a water bottle with your child each day.

#### **DAILY SCHEDULE (TYPICAL)**

Following arrival and opening announcements, the day consists of planned activities, swim instruction, sports, games, arts & crafts, lunch and recreational swim.

#### **SWIM INSTRUCTION**

Swim instruction and recreational swim are offered to all participants at no additional charge. All children must participate in swim instruction unless a parent or guardian gives written permission otherwise.

#### **SPECIAL EVENTS & TRIPS**

Participants enjoy special events, entertainment and trips. Trips are offered using school bus transportation at no additional fee. Events may include cookouts, talent shows, bowling, movies, magicians, special quests, theme weeks and much more!

#### RAINY DAY PROCEDURES

Camp RECreate is held rain or shine. We make every attempt to hold the program outdoors in marginal weather. Please dress children for muddy conditions and pack a change of clothes.

#### **NOTICES AND FLYERS**

If your child leaves early or will be away from the program for an extended period of time, check with your child's counselor for information about upcoming trips and other events or activities your child may not want to miss. A newsletter is distributed at the end of every week with information pertaining to the following week. You may also call the information line for more details.

#### STAFF TRAINING

The Newington Parks and Recreation Department requires all staff to attend an extensive orientation and training program to prepare them for the needs and demands of the program.

#### LATE PICK-UP FEE

An additional fee may be assessed for any participant who is repeatedly picked up late at the end of the day.

#### **REFUNDS**

No refunds will be given once you have registered unless participants cannot attend due to illness or injury that prevents participation in the remainder of the Camp RECreate program. All refunds must be requested in writing to the Parks & Recreation Department and require a doctor's note.

#### **REGISTRATION DEADLINE**

Registration must be received by the Parks and Recreation office no later than 4:30 the previous day. If you want your child to start on a Monday, registration must be received by 4:30 the previous Friday.

#### **Camp RECreate Info Line:**

For information on specific camp sites, please call 860-665-8766

www.newingtonct.gov/parksandrec

## Camp RECreate 2016 Registration Form (Please complete all areas of this form)

PAR	TICIPANT I	NFO	RMATI	O٨	/							
Child's <b>FIRST</b> Name:					L	<b>AST</b> N	ame:		<i>Male / Female</i> Age:			
Home Phone:				Er	nail: _			DOB:				
								Town:	Zip:			
				_ Par	ent 1	Cell: _		Parent 1 Work Phone:				
				_ Par	ent 2	Cell: _		Parent 2 Work Phone:				
	's Shirt Size: (Circle One)		n Sizes : Sizes			L L		XXL				
Emerg	pency Contact Info o pick child up from the N	ormatio Newington	<b>n:</b> please prov Parks & Recre	vide a	an addition n Camp R	nal conta ECreate	ct (not re program	esiding with า.	you) that we can co	ntact in case a pare	nt/guardian cannot l	be reached <u>and</u> that is
Name:	·								Relationship	o to Child:		
Home Phone:				_ Cell	Phone	e:		Work Phone:				
PICK	C-UP AUTHO	ORIZ	ATION									
progran Recrea	y authorize the follon. If there are any tion office. Parent/	change: guardia	s in these a n must be in	rran nclu	gement ded on	ts, I will this pic	give v k-up a	written no authorizati	tice in person (vition. Only people	vith proper iden e listed here ar	tification) in the e authorized to p	Parks &
	Parent/Guardian Name: (1)Name:								Relationship:			
	. Name:								Relationship:			
4. Na												
Please check if applicable: My child is allowed toWALKBIKE to and from the program (Paterson & Wallace campers only)  **My child is allowed to leave the site before 5:30 Yes No Earliest Time												
CUR	RENT SCHO	OL:						GRA	DE ENTER	RING IN	THE FALL:	
REG.	ISTRATION	INF	ORMAT	ΊC	DN:							
	Please check appropriate box(es)		Week 1 June 20 - 24		Wee		Ju	ek 3* ily 5 - 8 ogram 7/4)	Week 4 July 11- 15	<b>Week 5</b> July 18 - 22	Week 6 July 25 - 29	Week 7 August 1 - 5
	Grades 1 & 2 Attend Mortensen Community Center site  Grades 3 & 4 Attend John Paterson site					$\supset$		$\bigcirc$				
			Code:2000201-A1		Code: 2000201-B1		Code:2	2000201-C1	Code: 2000201-D1	Code:2000201-E1	Code:2000201-F1	Code:2000201-G1
			Code:2000303-A1		Code:2000303-B1		Code:2	2000303-C1	Code:2000303-D1	Code:2000303-E1	Code: 2000303-F1	Code:2000303-G1
	Grades 5 - 7 Attend John Wallace si		Code:2000404	-A1	Code: 200	) 00404-B1	Code:2	2000404-C1	Code:2000404-D1	Code:2000404-E1	Code:2000404-F1	Code:2000404-G1
FEES Total Amount Due:												
ALL		By June 1 <b>\$800</b>	After June 1				•		od: Cash (		Mastercard r Street, Newington,	Discover CT 06111)
.   .				Credit Card #								
To be eligible for the discounted rates for multiple				Security Code # Exp. Date/ Signature for Credit Card Use: Date:								
June 1st	st for 7 weeks purchas is \$1,120. Total cost f ally after June 1 <sup>st</sup> is \$1	or 7 wee		_	Ple	ease No			(s) required			

Please Note: The person(s) signing this form is/are the only person(s) authorized to make changes on this registration form. All changes must be made in the Parks & Recreation Office with proper identification. Changes cannot be made at individual playground sites.

Terms and Conditions of Registration	CHILD'S NAME:	
Incomplete forms will not be accepted.  My son/daughter has permission to participate in the Newington harmless, the Town of Newington, its employees, contracted ins reate program, including field trips. I understand that participation to provide accident/medical insurance for program participants.	structors and volunteers from any liabilities which may on in any recreational activity involves risk. I further ur	occur while participating in the Camp REC
Unless the Camp RECreate program is restricted by a written or RECreate program staff is hereby authorized to release the child ments for pick-up of the child have been made in writing in adva (2) both parents are permitted to visit the child at the program. It solved immediately by the parents. The Newington Parks & Rec dismiss the child if issues are not resolved. Should such action theless, be responsible for all amounts due to the Newington Pawriting by the Department. The parent irrevocably authorizes are photograph, portrait or image in connection with the Camp REC. The parent releases the Town of Newington and shall indemnify expenses (including reasonable attorney's fees) arising from such	d to either parent (or persons authorized by either pare ance with the Parks & Recreation office even if both pare Disputes between parents which involve the Camp RE creation staff shall have the right to terminate enrollme be taken, no refund will be made and the person(s) wharks & Recreation Department as if the child had not be and gives consent to the Newington Parks & Recreation create program's brochure, flyers, social media or other and hold the Town of Newington harmless from and a	ent) at any time during the day or arrange- rents do not live at the same address, and Create program in any way must be re- nt in the Camp RECreate program and no signs this Registration Form will, never- een dismissed unless otherwise noted in Department's use of the child's name, promotional or advertising publication.
The Camp RECreate program staff shall have the right to make Camp RECreate program. At any time before the Camp RECreit determines, in its sole judgment; (1) that the physical, mental of ly in the Camp RECreate program or interacting positively with counterasonable demand on the Camp RECreate program. Once rollment and dismiss the child, if it determines in its sole judgme property, or (2) behavior displays bigotry, bullying or inappropriate reate program, or (4) program fee has not been paid in full prior Newington Parks & Recreation Department's Refund Policy statillness or injury that prevents participation in the remainder of the Department and require a doctor's note.	eate program begins, the Camp RECreate program state or emotional condition of the child would prevent him/hother children at the Camp RECreate program or (2) the the program has begun, the Camp RECreate program ent that the child's: (1) behavior proves detrimental to hate sexual acts, or (3) parent(s)/guardian(s) make an unito the start of the program unless prior arrangements les: No refunds will be given once you have registered	ff shall have the right to cancel enrollment er from participating safely and satisfactor e child's parent(s)/guardian(s) make an staff shall have the right to terminate en- imself/herself, other participants or staff or nreasonable demand upon the Camp REC have been made with the Department. Th I unless participants cannot attend due to
Emergency Medical and Surgical Treatme	ent Release	
Release: The information contained herein is accurate to the b.  A. Release any and all medical, insurance and/or other record to herein.  B. For the Town of Newington to acquire medical insurance, a	ds to third party, which are in the possession of the Tox	wn of Newington or any other party referred
lease such information to the Town of Newington.  I/we authorize duly-licensed physicians, nurses and allied health tests and procedures in the judgment of the authorized personnemation contained herein refers to an individual other than oursel authorized to submit this material and execute this release form.	el as deemed necessary or advisable for the care of th lves, I/we am/are their authorized legal representative	e individual person herein. If the infor-
Participants with Medications / Specific You must complete and submit Supplement need to be taken during Camp RECreate protime of registration. Forms are available at www.newingtonct.gov/parksandrec.  Parent(s)/guardians(s) represent to the Camp their child's history of medical conditions or regularly taken prescription medications:	ntal Forms for children with special ne rogram hours. <u>Supplemental Forms I</u> the Parks & Recreation Office or onl onp RECreate program that written in t	MUST be submitted at the ine at the the the space below is his/her/
Parent(s)/guardian(s) represent to the Camp RECreate program gram activities without need of individual or specialized attentic participants or the Camp RECreate program. Parent(s)/guardia the child's physical or mental health between the date of enrollin program. The parent(s)/guardian(s) who signs this contract will	on or medical regimen and that the child's health will an(s) agree(s) to advise the Parks & Recreation Depa ment and the start of the Camp RECreate program sea	not impinge or impact negatively on other tment promptly in writing of any change it ason as well as throughout the dates of the
I/we have read, understand and agr	ee to the above terms and cond	ditions.

PRINTED NAME

DATE

SIGNATURE OF PARENT/GUARDIAN 2